

Arizona Health Improvement Plan

Tobacco Use

| Criteria | Health Issue Data/Information |
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| Scope or Magnitude of the Problem <ul style="list-style-type: none"> How many people across Arizona are affected by the health issue? | <ul style="list-style-type: none"> 17% (over 800,000) adults (18 and older) use tobacco 14% (over 65,900) youth (18 and younger) use tobacco <p>*2012 BRFSS and 2013 YRBS</p> |
| Severity (Morbidity / Mortality) <ul style="list-style-type: none"> Does the health issue result in death, disability, or ongoing illness? | <ul style="list-style-type: none"> Tobacco is the number one preventable cause of death and disease, causing over 6,000 deaths per year in Arizona Approximately 500,000 deaths annually in the U.S. 100,000 babies have died in the past 50 years from SIDS, complications with low birth weight and other pregnancy problems resulting from parental smoking One out of three cancer deaths is caused by smoking Other diseases include lung cancer (87% of deaths), coronary heart disease (32% of deaths), COPD (79% of deaths) and diabetes <p>*2014 Surgeon General's Report</p> |
| Potential to Impact (Winnable Battle) <ul style="list-style-type: none"> What resources (funding, workforce, programs, etc.) are available to address the health issue? Can progress be made on the health issue within five years? Could addressing the health issue also address other problems at the same time? | <ul style="list-style-type: none"> The Arizona Smokers' Helpline, securing Public/Private partnerships with insurers, and mass marketing campaigns All 15 Local Health Departments, several community agencies, and four state agencies (ADHS, AHCCCS, AGO, and U-A) receiving tobacco tax revenues to address tobacco use Progress can be made on this health issue with robust, evidence-based strategies such as increased utilization of ASHLine, surveillance and enforcement of illegal tobacco sales, local policy development (e.g. tobacco-free parks, multi-housing ordinances), and robust public education on the health and cost burdens of tobacco use There are multiple health issues that result from tobacco use, i.e. increased risks for heart disease, respiratory disease, cancer, and stroke; tobacco also poses significant cost burdens to users, employers, healthcare providers, and communities in general |
| Cost-Effectiveness <ul style="list-style-type: none"> What is the cost of not addressing the health issue? For example, how does it impact health care costs or | <ul style="list-style-type: none"> Low income wage earners (i.e. Medicaid recipients) are more likely to use tobacco products than any other population. Not addressing the issue with this population would escalate healthcare costs. |

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| <p>Medicaid costs?</p> <ul style="list-style-type: none"> How much money can be saved by addressing the problem? Does the money put into a solution reduce costs enough to make the solution worthwhile? What's the value of addressing the health issue? | <ul style="list-style-type: none"> Estimated \$3 billion can be saved annually in Arizona in healthcare related costs and costs attributed to hours of productivity lost Decreasing tobacco use creates lower healthcare costs and increased economic productivity. Employers incur an average of \$6,000 in additional costs per year for every employee who smokes <p><i>*2012 BRFSS and Centers for Disease Control and Prevention. Smoking-attributable mortality, years of potential life lost, and productivity losses: United States, 200-2004. Morbidity and Mortality Weekly Report, 2008; 57(45):1226-8.</i></p> |
| <p>Quality of Life</p> <ul style="list-style-type: none"> How does the health issue impact daily living activities? How does it impact usual activities, such as work, self-care, or recreation? | <ul style="list-style-type: none"> Life expectancy decreases if you are a tobacco users and quality of life significantly decreases as a tobacco user is at increased risk for cancer, lung disease and heart disease. The financial impact is also significant as a pack a day smoker will spend up to \$3000 a year on cigarettes |
| <p>Disparities</p> <ul style="list-style-type: none"> How are groups of people affected differently by the health issue? Are some groups of people more likely to be affected by the health issue than others? How significant are the differences? <p>*Types of disparities can include but are not limited to racial and ethnic groups, geographic location, age, gender, income, education, etc.</p> | <ul style="list-style-type: none"> Smoking rates are over three times higher among adults earning the lowest wages compared to those earning the highest wages. As education increases, the proportion of smokers decreases African Americans and Native Americans are disproportionately impacted by tobacco as well as low SES populations, LGBTQ populations and people with mental health diagnosis African Americans (24%), Native Americans (20%), Behavioral Health (32%) and rural areas have higher rates <p>*2012 BRFSS</p> |
| <p>Evidence-based Models Exist</p> <ul style="list-style-type: none"> Are evidence-based models relevant to cultural and geographic differences? For example, will they work in rural as well as urban communities? | <ul style="list-style-type: none"> Yes, but with some limitations. Evidence based tobacco cessation interventions include behavioral counseling (ASHLine/telephone/web based counseling) with usage of a Nicotine Replacement Therapy. Access to these interventions can vary based on geographic location (access to web/phone), health insurance status, and culturally-relevant approaches |
| <p>Community Readiness / Interest in Solving</p> <ul style="list-style-type: none"> What's the degree of public support and/or interest in working on the health issue? Which counties include this issue as a community health priority? | <ul style="list-style-type: none"> All fifteen counties are funded to address tobacco use within their communities Two counties (Greenlee & Santa Cruz) identified tobacco as a health priority in their community health assessments |

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| <p>Arizona Ranking below the US data</p> <ul style="list-style-type: none"> • Is Arizona doing better or worse than the U.S.? • How much better or worse are we doing compared to the nation? | <ul style="list-style-type: none"> • Arizona is doing better than the national rate for tobacco use • 20% (US adult rate) vs. 17% (AZ adult rate) 15% (US youth rate) vs. 14% (AZ rate) <p>*2012 BRFSS</p> |
| <p>Political Feasibility</p> <ul style="list-style-type: none"> • Is there enough support from elected officials or other policymakers to help move a strategy to implementation? | <ul style="list-style-type: none"> • Support is growing by policy makers, with the bulk of policy development and advocacy being carried out by American Heart Association, American Cancer Society, American Lung Association, and other stakeholders |
| <p>Trend Direction</p> <ul style="list-style-type: none"> • Has the health issue been getting better or worse over time? | <ul style="list-style-type: none"> • The issue has been getting better over time, with tobacco prevalence reducing from 21% to 17% in the past seven years |